

**SWHSRA CODE OF CONDUCT, MEDICAL RELEASE
2024-2025**

Name _____ Age _____ Birth Date _____
Address _____ City _____ State _____ Zip _____ Phone
Number _____ Email _____

Parents Names _____

WARNING UNDER ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES _____ (initial) S.W.A.H.S.R.A. CODE OF CONDUCT I, the undersigned, agree to abide by the S.W.A.H.S.R.A. code of conduct while on the grounds of any club or arena group hosting a sanctioned rodeo event. Such conduct includes but not limited to: showing respect for all judges, show officials, workers, and other competitors at all times. Abuse of horses as outlined in the AQHA rules will also not be tolerated. No foul or inappropriate language will be tolerated. I, the undersigned, also agree to explain these rules to anyone that is present with me while on the grounds of any club or arena group hosting a sanctioned rodeo event. I also understand that unsportsmanlike behavior on their part can result in actions taken toward me and can cause them to be banned from any or all S.W.A.H.S.R.A. Rodeo events. All unsportsmanlike behavior should be reported to a member of the board. The board will meet at that time to discuss the behavior and make a decision on action that will be taken. I understand that the decision of the board in any manner concerning conduct is final and cannot be protested.

Contestant Sign _____ Date _____

Parent Sign _____ Date _____

Must be notarized Medical Release ***Must be notarized***

I hereby agree to release the Southwest Arkansas High School Rodeo Association or any one associated with the organization of all responsibility in case of accident, injury or death to my child _____ during the rodeo year 2024-2025. I hereby grant and authorize permission for my child to be transported to a hospital and given medical treatment by any doctor and/or medical personnel and hereby release said doctor and/or medical personnel for transporting or administering necessary treatment. Parent/Guardian

Signature _____ Person to contact other than Parents or
Guardian _____

**Sworn and subscribed to me in my presence this _____ day of _____, 202__ Notary
Public _____ In and for _____ County/Parish In
The State Of _____.**

Southwest Arkansas High School Rodeo Association GOOD CONDUCT STATEMENT 2023-2024
Name _____ Age _____ Birth Date ____/____/____ City _____
State _____ Zip _____ Parents Names _____

Must be signed and stamped by School Representative I, the undersigned, do hereby certify that _____ is a student in good conduct standing and enrolled in the _____ grade at _____ school. Signature
of Principal or Superintendent _____ Date _____ CONTACT INFORMATION

FOR SCHOOL ABOVE:

Phone Number: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____